

<b>FIRST SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/553,685 ( <i>Natl. Phase of PCT/US2004/008323</i> )
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				First Named Inventor	MI, Sha
				Art Unit	1656
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Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	/Karen Cochrane Carlson/ (11/19/2008)	Date Considered	
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